**Data Collection for Class Scheduling**

**Instructor Constraint Form**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name (Last, First): | | | | TRU ID:  T00 | | | Faculty/School: | | | Department: | |
| Reason for Request under Section A or B please check the appropriate category: | | | | | | | | | | | |
| Medical 🞏 | Administrative 🞏 | | | Academic 🞏 | | | Other 🞏  Description: | | | | |
| **Section A: Instructor Unavailability** | | | | | | | | | | | |
| **Please fill in the columns below with days/times when the instructor is not available** | | | | | | | | | | | |
| ***Tiers must be assigned by the Department Timetabler*** | | | | | | | | | | | |
| ***Tier1*** *(Legislative & Legal Requirements)* | | | | | ***Tier 2*** *(Institutional Approved Requirements)* | | | ***Tier 3*** *(Personal/Professional Requests)* | | | |
| **Day of Week**  **(e.g. Monday)** | | **Times Not Available**  **(e.g. 8 am to 11 am)** | | | | **Tier** | **Reason** | | | | |
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| Other comments: | | | | | | | | | | | |
| **Section B: Location Restrictions/Requirements** | | | | | | | | | | | |
| Special arrangement details - Instructor to complete: | | | | | | | | | | | |
| Signature of Instructor: | | |  | | | | | | Date: | |  |
| Signature of Chair (1): | | |  | | | | | | Date: | |  |
| Signature of Chair (2): | | |  | | | | | | Date: | |  |
| **NOTE: Cross-Appointed Faculty require signatures of both chairs** | | | | | | | | | | | |
| Signature of Dean: | | |  | | | | | | Date: | |  |

(Use only if specific instructor constraints are to be considered)